

## **Executive Summary**

### **Risk factors leading to re-admission of patients to the acute psychiatric hospital - perspectives from the multidisciplinary team**

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#### **Purpose**

The purpose of this study was to investigate the trends and ratios of re-admissions for patients following discharge from their first admission to Mount Carmel Hospital and explore the perceptions of the multidisciplinary team regarding the implications of re-admissions for the quality of psychiatric services.

#### **Background**

Avoiding readmission is not a direct objective of hospital care as most admissions tend to be unavoidable (Milne & Clarke, 1990). However avoiding those adverse outcomes that lead to readmissions, and therefore identify risk factors, is crucial for the management of acute psychiatric services. It is estimated that approximately 40 to 50% of discharged patients are readmitted within one year of their discharge (Vesudeva, *et al.*, 2009). Such numbers have repercussions for the management and administration of acute psychiatric services and therefore it is generally agreed that the prevention of re-admission and relapse is one of the major goals of psychiatric aftercare (Ascher-Svanum, *et al.*, 2010; Boyer, *et al.*, 2000; Lien, 2002).

#### **Method**

A mixed method approach was used for this study. The basis for employing both quantitative and qualitative approaches is to expand the scope of research to offset the weaknesses of either approach alone (Burns & Grove, 2001). Statistical data was collected retrospectively from the medical records department of Mount Carmel Hospital and included patients who were admitted for the first time in one of the three acute in-patient wards of the hospital in the years 2007, 2008 and 2009 and had other re-admissions following their first discharge ( $n=152$ ). Semi-structured interviews were subsequently performed with the leaders of the five leading representatives of the multidisciplinary team (Doctors, nurses, social workers, -vi-occupational therapists and psychologists). Finally to complete triangulation, a focus group was performed with seven members of the community outreach team.

## **Results**

In all, 20.02% ( $n=152$ ) of first time admitted patients who were discharged from acute care in the years 2007, 2008 and 2009 were re-admitted at least once by May 2010. The sample showed no significant differences in gender, status, education and habitation. The duration of hospital stay and mode of discharge showed significant relationship which, as outlined by participants, suggested that discharge planning is an important factor to avoid re-admissions. Reasons for re-admission were quite comparable between genders with severity of symptoms accounting for 61.6% of the sample followed by poor medication compliance and substance abuse. The study outlined a lacuna when using re-admission rates as outcome indicator.

## **Discussion and Recommendations**

An anomaly in the referring system from in-patient to community services seems to be affecting the intensity of post hospitalisation care with the resultant risk of possible early re-admissions. Key recommendations, therefore, for this study are: management should revise referral criteria and protocols to minimize the gap between in-patient and community care; hospital performance indicators should be reviewed and endorsed by the multi-disciplinary team, early discharge planning involving community teams should become standard practice, improved communication between in-patient and community settings, the introduction of electronic medical records to facilitate improved audit capabilities and similar studies should be undertaken to establish progress in reducing re-admissions.

## **Key words**

Re-admission, relapse, in-patient and community psychiatric care, performance indicators, discharge planning.